



## Strategic Sourcing Certificate Program Application

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Secretariat: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: (    )    -    Email Address: \_\_\_\_\_

Please select by highlighting or circling the location you will be attending:

Location	Module 1	Module 2	Module 3	Module 4	Module 5	Snow Day
Section 19 - Boston, 1 Ashburton Place, Charles River Room	October 23	October 30	November 6	November 14	November 20	December 11
Section 20 - Boston, State Transportation Building, 10 Park Plaza	October 27	November 3	November 10	November 17	December 1	December 15

*\*Limited Registration: Based upon date of receipt of application and availability.*

**PREREQUISITE:** All participants in the SSCP are required to take OSD's "Essentials of State Procurement" as a prerequisite.

We would appreciate your candid response to the following questions:

1. Have you completed the prerequisite course "Essentials of State Procurement?"
- ☐ Yes      If Yes, please list the date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No      If No, please indicate date you will be attending: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Describe your professional experience working/conducting procurement and/or purchasing:

\_\_\_\_\_  
\_\_\_\_\_

3. If applicable, please specify if you will need a Reasonable Accommodation.

☐ Hearing Impaired      ☐ Mobility Impaired      ☐ Vision Impaired      ☐ Other

Accommodation: \_\_\_\_\_

### Statement of Commitment (Required)

Please read and agree to the following statement of commitment:

I agree to participate in OSD's Strategic Sourcing Certificate Program and to attend all scheduled classes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Agency/CPO Supervisor Commitment (Required)

I support the participation of \_\_\_\_\_ in OSD's Strategic Sourcing Certificate Program.

I will support the applicant as she/he completes all program requirements.

Supervisor Name (PRINT): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency CPO/Supervisor Name (PRINT): \_\_\_\_\_

Agency CPO/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax completed application to: (617) 727-4527 / Operational Services Division, Attention: Lori Maggiacomo or scan and email to [osdtraining@state.ma.us](mailto:osdtraining@state.ma.us)

**Please note:** The Strategic Sourcing Certificate Program consists of 5 one-day module courses. Once you are confirmed as a registered participant (**you will receive an enrollment confirmation from [osdtraining@state.ma.us](mailto:osdtraining@state.ma.us) once your application has been processed**) for a specific section, you will be required to attend all modules to earn your certificate. Please ensure that your schedule allows for full day participation at ALL modules. Switching between sections is strongly discouraged and requires preapproval.